

WATER AND SEWER PERMIT

llc
Southeastern
District Health Department

PLANNING & ZONING APPROVAL

Name J. R. SIMPLOT COMPANY	Phone 232-6620	Property Address P.O. Box 912
Address P.O. Box 912 WEST OF CITY 83201		Legal Description PLANT SITE T6 R34 S?
Report To	Funding <input type="checkbox"/> Governmental <input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Conventional <input type="checkbox"/> Existing Loan No. NONE

SEWAGE SYSTEM

Installation shall comply with all requirements of Health District and/or State of Idaho sewage disposal rules, regulations and standards

Septic Tank Size 1250 gal.	Disposal Area 255 sq. ft.	TYPE <input type="checkbox"/> Trench <input type="checkbox"/> Bed <input checked="" type="checkbox"/> Pit <input type="checkbox"/> E.T.	<input type="checkbox"/> Sand Filter <input type="checkbox"/> Modified	Permit No.
Dimensions 12'-0" SQ Min.	Maximum Depth below Ground Surface 12'-0"	PLOT PLAN <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	By <i>[Signature]</i>	Date 7/17/81
Remarks 3'-0" BELOW YARD LEVEL SAND & HEAVY COARSE GRAVEL		Applicant's Signature <i>[Signature]</i>		Permit Fee

INSPECTION

The District Health Department shall be notified of installation _____ prior to installation

SEPTIC TANK Size 1250 gal.	STANDPIPE <input type="checkbox"/> Yes <input type="checkbox"/> No	Manhole Depth	DEPTH OF Ground Water	Bedrock	Gravel	Rock Under Pipe
Minimum Distances as per Regulations <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved Aggregate <input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Disposal Area 520 sq. ft.	Installer Tom LIDDIL		
EXISTING SYSTEM Appears to meet Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLATION <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved		By Fred Huffman	Date 7/20/81		
Remarks PIT 15' diam. x 8' 1/2' below inlet Hold for certification FH 7/20/81 cut. received 7/20/81 see attached FH						

WATER SYSTEM

Plans Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	State Laboratory indicates intestinal bacteria <input type="checkbox"/> were <input type="checkbox"/> were not found in water.	Sample Collected By	Date	Permit Fee
Min. Distances as per Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	CHEMICAL TOLERANCES <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Chk'd	System <input type="checkbox"/> Public <input type="checkbox"/> Private	Complies with Health Dist. and/or State of Idaho Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Existing System appears to comply with all requirements of Health Dist. and State of Idaho Drinking Water Standards/Regs <input type="checkbox"/> Yes <input type="checkbox"/> No		INSTALLATION <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved	By X	Date
Remarks				

DIAGRAM

Where applicable, diagram shall include orientation of components of water and sewage systems

* - Permit issued for 20 min/inch.
Tom Liddil is to phone in perc. rate.
** They will go with their own design of a pit 12x12 x 8' below inlet at 384 ft²
JES